

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

FARES YASIN, RIGHT TRACK MANAGEMENT
INC..

Plaintiff(s)

v.

LEONARD BROWN, JOHN DOE(S), JUNIATA
COMMUNITY MENTAL HEALTH CLINIC, INC.,
CARLOS MATOS, MARIA MATOS, NORRIS
HANCOCK, LLC, RENEE TARTAGLIONE,
MICHAEL WRIGHT

Defendant(s)

Civil Action No. 17-cv-03353

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Juniata Community Mental Health Clinic Inc
111 West Cumberland St
Philadelphia PA 19133

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

GARY SCHAFKOPF
HOPKINS SCHAFKOPF, LLC
11 BALA AVE.
BALA CYNWYD, PA 19004

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 10/4/2017

Signature of Clerk or Deputy Clerk

Civil Action No. 17-cv-03353

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Juniata Community Medical Health
was received by me on (date) 12/22/17 clinic, Inc

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☒ I left the summons ^{and complaint} at the individual's residence or usual place of abode with (name) Jane +
Estabrook, a person of suitable age and discretion who resides there,
on (date) 12/26/17, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

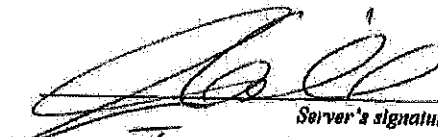
☐ I returned the summons unexecuted because _____; or

☐ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 12/26/17



Server's signature
Joseph Bill, President

Printed name and title

Server's address

Additional information regarding attempted service, etc: